**The purpose of this form:**

Workers’ competency to provide high intensity support is reviewed annually to confirm the worker has the current skills and knowledge described in the NDIS Practice Standards: High intensity supports skill descriptors. The worker is to be trained in the specific needs of the participant/s they support and meet the high intensity skill descriptors. A review may also occur when there is a change in the participant support plan. The workers’ annual review date will be monitored by the training officer via Sentrient Workflow.

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| **Worker Name:** | **High Intensity Participant/s Name:** | **Date of Review:** |

**Steps to follow:**

1. Worker to complete this review sheet by reading each descriptor and answering ‘yes, no or n/a’ in column 1 or ask your team leader for help.
2. Worker to sign, date and complete relevant fields on the last page and return to supervisor
3. Supervisor to complete columns 2 & 3 and complete relevant fields on the last page

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| **High Intensity Support Skills** | | **Column 1:**  **Completed by Worker** | **Column 2:**  **Completed by Supervisor eg. Supports Manager/TL/Training Officer** | |
| **Answer with:**   * **Yes**, I do * **No**, I don’t * I am **not sure** | **Refresher training recommended**  **yes, no, n/a** | **Training type:**  **Health Practitioner,**  **Sentrient online,**  **Shadow shift, n/a** |
|  | **Enteral Feeding** | | | |
| **Prepare to deliver Support** | Has the worker had a 3-month break from working with the high intensity participant? | YES or NO |  | If yes, worker may require refresher training |
| I KNOW TO:  • understand the support plan, confirm it is the correct and current plan for the participant, and check the participant’s specific support requirements for example, what the participant can manage independently and where support is required from a worker. |  |  |  |

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| **High Intensity Support Skills** | | | **Column 1:**  **Completed by Worker** | **Column 2:**  **Completed by Supervisor eg. Supports Manager/TL/Training Officer** | |
| **Answer with:**   * **Yes**, I do * **No**, I don’t * I am **not sure** | **Refresher training recommended**  **yes, no, n/a** | **Training type:**  **Practitioner,**  **Sentrient online,**  **Shadow shift, n/a** |
| **Prepare to deliver Support** | I KNOW TO:  • understand the support plan, confirm it is the correct and current plan for the participant, and check the participant’s specific support requirements for example, what the participant can manage independently and where support is required from a worker.  • Check with the participant on their expectations, capacity and preferences for being involved in the delivery of support.  • Check with the participant on their preferences for communication, including the use of aids, devices and/or methods.  • Communicates with the participant using participant-specific communication strategies, communication aids, devices, or resources, including resources in the participant’s preferred language.  • Check the participant has access to the support plan and other information about enteral feeding support.  • Check that required equipment and consumables are available and ready for use and required feed is available and meets specifications.  •Prepare for hygiene and infection control, for example, hand washing, gloves available, minimising the risk of infection in the environment.  • Support the participant to explore ways to enjoy mealtime and feeding, for example, timing, frequency, choice of environment and social company. |  | |  |  |

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| **High Intensity Support Skills** | | **Column 1:**  **Completed by Worker** | **Column 2:**  **Completed by Supervisor eg. Supports Manager/TL/Training Officer** | |
| **Answer with:**   * **Yes**, I do * **No**, I don’t * I am **not sure** | **Refresher training recommended**  **yes, no, n/a** | **Training type:**  **Practitioner,**  **Sentrient online,**  **Shadow shift, n/a** |
| **Prepare to deliver Support** | I KNOW TO:   * Check with the participant for any specific factors or adjustments needed and to confirm they are ready for their meal.   • Follow hygiene and infection control procedures and safe food handling, for example, hand washing, use of gloves and disinfecting the environment.  • Deliver support in ways that are least intrusive or restrictive and fit into the participant’s daily routines and preferences.  • Support the participant to position themselves for feeding and check they are ready for their meal.  •Set up the water flush, assemble the feed, position the tube and introduce food.  • Observe and regulate feeding including the rate, flow and volume of formula.  • Observe and takes action in response to feeding equipment alarms or malfunctions.  • Identify and immediately inform an appropriate health practitioner when required such as in response to broken or displaced feeding tube, indicators of health-related complications or other high risk indicators.  • Support the participant to maintain oral health.  • Monitor and record information required by the support plan.  • Support the participant to clean and maintain healthy condition of the stoma.  • Work collaboratively with others to ensure continuity and effective delivery of support. |  |  |  |

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| **High Intensity Support Skills** | | **Column 1:**  **Completed by Worker** | **Column 2:**  **Completed by Supervisor eg. Supports Manager/TL/Training Officer** | |
| **Answer with:**   * **Yes**, I do * **No**, I don’t * I am **not sure** | **Refresher training recommended**  **yes, no, n/a** | **Training type:**  **Practitioner,**  **Sentrient online,**  **Shadow shift, n/a** |
| **Implement the support plan** | *For workers who support participants with a gastrostomy:*  • Support the participant to clean and maintain the integrity of the stoma site.  • Observe and take immediate action in response to a dislodged PEG tube where the balloon device tube is in position and stable (after the initial tube has been replaced by balloon device).  *For workers who support participants to administer medication through an enteral tube:*  • Understand the support plan and check the participants specific support requirements to administer the medication, for example, type of medication, dosage, delivery procedure and timing.  • Follow the support plan to prepare the medication.  • Follow the support plan to administer and flush the feeding tube with water.  • Follow the support plan to prepare and administer the medication into the feeding tube.  • Follow the support plan to administer and flush the feeding tube with water.  • Identify and immediately inform an appropriate health practitioner of risk indicators such as adverse reactions and/or an overdose.  • Safely handle and dispose of sharps and other consumables.  • Monitor and record information required by the support plan.  • Actively involve the participant in their support, as outlined in their support plan and to the extent they choose. |  |  |  |
| **Review support** | • Check with the participant to discuss any changes needed to the enteral feeding support they are receiving.  • Identify, document and report information where a support plan is not meeting a participant’s needs.  • Support the participant to provide feedback and request changes to their support plan as required. |  |  |  |

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| **Training requirements to be completed by the Supports Manager/ TL / Training Officer** | **Yes / No** | **When and how will this occur?** |
| Is refresher training required due to a 3 month or more absence? |  |  |
| Is specific training required to address gaps in knowledge and skills?  (Refer to above review table to identify gaps) |  |  |
| Notes: |  | |

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|  | **Name** | **Signature** | **Date** |
| **High intensity worker** |  |  |  |
| Supports Manager/ TL / Training Officer |  |  |  |

* Worker has added time taken to complete this form on Carelink (at home 30 mins, group meeting with team leader 1 hour)
* Return form to training officer who will organise relevant training if required and record completion of CCF-37 and relevant training on Sentrient
* CCF-37 has been filed - workers electronic file and the locked filing cabinet

Office Use: This form relates to the participant/s (names) for NDIS invoicing Ref: NDIS Practice Standards: High intensity support skills descriptors v3